

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045281

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 3361

STATE FILE NUMBER

FILED DEC 3 1962

1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ClaytonLength of stay in lb
DOAc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Co. Hospt.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louisc. CITY OR TOWN Velda
Blossman VillageInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
7015 Lexington Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ThomasPHager4. DATE
OF DEATH

Month

Day

Year

11-15-62

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-20-1953

9. AGE (last birthday)

9

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

Grade School

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Hager

13b. MOTHER'S MAIDEN NAME

Dolores Fulgham

14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

EDith Fulgham 6204 Storey Ct.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carbon monoxide poisoningINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Inhalation of carbon monoxide gas20c. TIME OF INJURY
Hour Month, Day, Year
early 11/15/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
bedroom of home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Velda Village St. Louis Missouri21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 9:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond H. Hager Coroner Clayton, Missouri

22b. ADDRESS

22c. DATE SIGNED

11/26/6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

11-19-62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J.W. Clark F.H. 1125 Hodiament

25. DATE RECD. BY LOCAL REG.

11-19-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATE OF MASSACHUSETTS - DEATH

STATE OF MASSACHUSETTS		DEATH	
Name of Deceased		Date of Death	
Age		Sex	
Place of Birth		Date of Birth	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Deceased		Signature of Physician	
Signature of Next of Kin		Signature of Coroner	
Signature of Burial Officer		Signature of Registrar	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 454

P. O. Address A. Lavin, Jr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.